

ADACHI P265US

COMBINED DECLARATION AND POWER OF ATTORNEY

(Original, Design, National Stage of PCT, Supplemental)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

- ☐ original
☐ design
☐ supplemental
☒ National Stage of PCT
☐ divisional (see added page)
☐ continuation (see added page)
☐ continuation-in-part (see added page)

INVENTORSHIP IDENTIFICATION

My/our residence, post office address and citizenship is/are as stated below next to my/our name. I/We believe that the named inventor or inventors listed below is/are the original and first inventor or inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

CATHETER

SPECIFICATION IDENTIFICATION

The specification of which: (complete (a), (b) or (c))

- (a) ☐ is attached hereto.
 (b) ☐ was filed on with an effective filing date of June 20, 2003
 as
 ☐ Serial No. _____ or
 ☐ Express Mail No. _____ as Serial No. (not yet known) and
 was amended on _____ (if applicable).
 (c) ☒ was described and claimed in PCT International Application No. _____
 PCT/JP2003/07899 filed on June 20, 2003 and
 as amended under PCT Article 19 on _____ (if any).
 (d) ☐ amended on _____

POWER OF ATTORNEY

As a named inventor, I hereby appoint all of the practitioners associated with the Customer Number 020210, namely, Anthony G. M. Davis, Registration No. 27,868; Gary D. Clapp, Registration No. 29,055, Michael J. Bujold, Registration No. 32,018, Scott A. Daniels, Registration No. 42,462 and Jay S. Franklin, Registration No. 54,105, as attorneys and/or agents to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection therewith.

- ☐ Attached as part of this Declaration and Power of Attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

Send Correspondence to:

Customer No. 020210
 Davis & Bujold, P. L. L. C.
 Fourth Floor
 500 N. Commercial Street
 Manchester, NH 03101-1151
 500 N. Commercial Street

Direct Telephone Calls to: (603) 624-92204

Direct Facsimiles to: (603) 624-9229

(603) 624-9229

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I/We hereby state that I/we have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I/We acknowledge the duty to disclose to the United States Patent Office all information which is known to be material to patentability of this application as defined in § 1.56 of Title 37 of the Code of Federal Regulations.

PRIORITY CLAIM

I/We hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me/us on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

| COUNTRY | APPLICATION NO. | DATE OF FILING (day, month, year) | PRIORITY CLAIMED UNDER 37 USC 119 |
|---------|-----------------|--------------------------------------|---|
| Japan | 2002-181726 | 21, 06, 2002 | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

☐ I/We hereby claim the benefit, under 35 U.S.C. 119(e), of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YY) | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |
|-----------------------|------------------------|--|
| | | |

DECLARATION

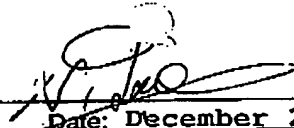
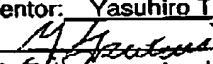
I/We hereby declare that all statements made herein of my/our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1004 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first joint inventor: Mitsuru HORIBA

Inventor's signature: [Signature] Date: December 27, 2004

Post Office Address: Yagoto-omoteyama-jutaku 2-205, 1602, Omoteyama 1-chome, Tenpaku-ku,
Nagoya-shi, Aichi 468-0069 Japan

Residence: same as above Country of Citizenship: Japan

Full name of second joint inventor: Nobumasa TSUTSUIInventor's signature: Date: December 27, 2004Post Office Address: c/o K.K. VAYU, 611, Tokugawa-cho, Higashi-ku, Nagoya-shi, Aichi
461-0023 JapanResidence: same as aboveCountry of Citizenship: JapanFull name of third joint inventor: Yasuhiro TSUTSUIInventor's signature: Date: December 27, 2004Post Office Address: 513, Tokugawa-cho, Higashi-ku, Nagoya-shi, Aichi 461-0023 JapanResidence: same as aboveCountry of Citizenship: Japan

Full name of fourth joint inventor: _____

Inventor's signature: _____

Date: _____

Post Office Address: _____

Residence: _____

Country of Citizenship: _____

Full name of fifth joint inventor: _____

Inventor's signature: _____

Date: _____

Post Office Address: _____

Residence: _____

Country of Citizenship: _____

Full name of sixth joint inventor: _____

Inventor's signature: _____

Date: _____

Post Office Address: _____

Residence: _____

Country of Citizenship: _____

Full name of seventh joint inventor: _____

Inventor's signature: _____

Date: _____

Post Office Address: _____

Residence: _____

Country of Citizenship: _____

Full name of eighth joint inventor: _____

Inventor's signature: _____

Date: _____

Post Office Address: _____

Residence: _____

Country of Citizenship: _____

Full name of ninth joint inventor: _____

Inventor's signature: _____

Date: _____

Post Office Address: _____

Residence: _____

Country of Citizenship: _____

Full name of tenth joint inventor: _____

Inventor's signature: _____

Date: _____

Post Office Address: _____

Residence: _____

Country of Citizenship: _____